

CITY OF SAVANNAH - REVENUE DEPARTMENT

**132 East Broughton Street - P. O. Box 1228
Savannah, Georgia 31402
(912) 651-6445**



***Application for Peddler Business Tax and
Festival Hawker/Street Mobile Vendor Permit
Saint Patrick's Day Parade – Wednesday March 17, 2010***

Name of Applicant: _____

Do you hold a 2010 Business Tax Certificate issued by the City of Savannah or Chatham County Yes No . **Business Tax Certificate No.**_____

If the answer is yes, you must provide a copy of your tax certificate and pay only the \$35.00 regulatory fee for a festival hawker/peddler.

If the answer is no, you must fill out this form and pay the transient merchant regulatory fee of \$100, pay the festival hawker/peddler regulatory fee of \$35.00 and \$85.00 for the Business Tax.

Does this permit relate to a non-profit organization based in Chatham County?
Yes No

***If yes, attach a copy of IRS 501(c)(3) certification document to this application.
Pay only the \$35.00 regulatory fee.***

Applicant's Home or Business Address:

| Street#/POBox | City/State | Zip |
|---------------|------------|-----|
|---------------|------------|-----|

Business Telephone Number: () _____

List/describe items to be sold:_____

BUSINESS TAX DUE: **AMT. PD.**

(Attach Copy of 2010 Business Tax Certificate if applicable)

(If you do not have a 2010 Business Tax Certificate) \$85.00

TRANSIENT MERCHANT FEE: (If applicable) **\$100.00**

PEDDLER/HAWKER REG. FEE: \$35.00

TOTAL AMOUNT DUE:

PAYMENT MUST BE CASH, MONEY ORDER, OR CASHIER' S CHECK.

**A SEPARATE APPLICATION IS REQUIRED FOR EACH PEDDLER/HAWKER.
PERMITS ARE VALID ONLY ON WEDNESDAY, MARCH 17, 2010**

CITY OF SAVANNAH

REGULATIONS GOVERNING FESTIVAL HAWKERS/STREETVENDORS/PEDDLERS

SAINT PATRICK'S DAY PARADE 2010

1. By definition in Code Section 6-1602, a peddler is a person who has no fixed place of business within the City and who sells or offers to sell goods or services by going from place to place within the City. Accordingly, no peddler shall be permitted to set up a booth, stand, or otherwise conduct business from a fixed location on public or private property. *Festival hawkers/street vendors must keep moving at all times selling their goods.* Festival hawkers must not stop and stand in intersection crosswalks, block or obstruct access to handicap curb-cuts, or obstruct pedestrian passage on sidewalks at any time.
2. Food items sold must be pre-packaged; *no food preparation is permitted.* The sale or possession of fireworks, impact explosives or novelty aerosol sprays including silly string is strictly prohibited. Selling of any items which graphically depict human genitalia, nudity, sex acts, or displays images or language deemed to be lewd or offensive will be prohibited. The City of Savannah reserves the right to revoke the permit of any vendor violating this regulation. Such items are deemed to be a public nuisance or a safety hazard.
3. Pursuant to City Code Section 6-1615, the following streets, sidewalks and public ways are off-limits to peddlers, festival hawkers or street vendors: River Street is a controlled festival zone; all of the area north of the south curb line of Bay Street; all City Parks and Squares; all of the City Market areas bordered by Bryan Street on the north, Congress Street on the south, Barnard Street on the east, and Montgomery Street on the west; and *the traffic lanes along the designated parade route when and where the parade is in progress.*
4. Each festival hawker/street vendor *must* display his/her permit at all times have a picture I.D. and their tax certificate on his/her person at all times when conducting business in the City. The permit, tax certificate and I.D. must be presented upon demand to any City Marshal or Police Officer. **Permits which are lost or stolen will not be replaced.**
5. All applications must be received by 12:00 p.m., on Tuesday, March 16, 2010. All permits will be available for pick-up between the hours of 3:00 p.m. and 4:45 p.m. on Tuesday, March 16, 2010. Each applicant must present a government issued, picture identification in order to pick-up the permit.

NO PERMITS WILL BE ISSUED ON THE DAY OF THE PARADE

I hereby certify that the statements made in this application are true and correct. I have read and clearly understand the business tax and regulatory permit requirements and understand that my goods can be confiscated and I am subject to subpoena to Recorder's Court and the penalties resulting from violations of the City ordinances and regulatory policies.

SIGNATURE: _____ DATE: _____

City of Savannah – Revenue Department
132 E. Broughton St. P O Box 1228 Savannah, GA 31402-1228 (912) 651-6445

SAINT PATRICK'S BUSINESS TAX RETURN

Account No. _____ **Calendar Year** 2010 **NAICS No.** 5956

Tax Class A **Classification** PEDDLER - HAWKER **PIN** _____

Application must be fully completed before processing.. Please Type or Print with Ballpoint Pen. All tax certificates expires on March 17th of the year issued. Report any change of location/mailling address promptly to Business Tax Department. Information on reverse side of application.

1. Have you ever operated a Business in the City of Savannah? ☐ Yes ☐ No 2. Today's Date _____

3. Corporation Name _____ 4. Business Address (Physical location) _____

5. Trade Name if Different Than Line 3 (DBA) _____ 6. Mailing Address _____

7. Business Telephone No. _____ Contact No. _____ Cell No. _____

8. Contact Person: _____ 9. E-Mail Address: _____

10. Owner - Personal Information:
Name _____ Address: _____

City _____ State _____ Zip Code _____

Phone # _____ Date of Birth _____ Social Sec. No. _____

11. Dominant Business: _____

Other Business Activities Performed: _____

12. Federal Tax ID# _____ State Tax ID # _____

If required. Application will be returned if not provided

If required. Application will be returned if not provided

13. Estimated Gross Revenue from Start Date _____ 14. Business Tax from Schedule
of New Business to March 17th. _____

Total Due \$ _____

Confidential

15. I HEREBY REGISTER THE HEREIN NAME BUSINESS TO OPERATE WITHIN THE CITY OF SAVANANH, AND CERTIFY THAT I AM THE PERSON AUTHORIZED BY THIS BUSINESS TO FILE THIS RETURN, INCLUDING ANY ACCOMPANYING SCHEDULES AND STATEMENTS. I FURTHER CERTIFY THAT ALL STATEMENTS AND OTHER INFORMATION PROVIDED ON AND WITH THIS RETURN ARE TRUE, CORRECT, AND COMPLETE.

Signature: _____ Date _____ Title _____